

**CAMPAIGN REGISTRATION STATEMENT
STATE OF WISCONSIN
ETHCF-1**

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FOR OFFICE USE ONLY

**CITY OF MILWAUKEE
ELECTION COMMISSION**

IF A CANDIDATE DOES NOT FILE THIS STATEMENT BY THE DEADLINE FOR FILING NOMINATION PAPERS,
THE CANDIDATE'S NAME WILL NOT BE PLACED ON THE BALLOT.

NOTICE: ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

IS THIS AN AMENDMENT? Yes No

1. CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

Name of Candidate Ashanti T. Hamilton	Party Affiliation Democratic	Office Sought (include district or branch number) Mayor, City of Milwaukee
Residence Address (number and street) 5545 N. 36th Street	Primary Date Feb. 18, 2020	Candidate Telephone Number (residence) (414)881-4779
City, State and Zip Code Milwaukee, WI 53209	Election Date April 7, 2020	Candidate Telephone Number (employment) (414)286-2221
Campaign Committee Name (if any) Ashanti For Milwaukee (MKE)	Check One: <input checked="" type="checkbox"/> Candidate Committee	Candidate Email Address fjjhannah@att.net
Campaign Committee Address (if different than above) - Number, Street, City, State and Zip Code 8824 West Lawrence Avenue, Milwaukee, WI 53225		Committee Email Address fjjhannah@att.net
Telephone Number (if different than above)	Committee PIN Number (four digits - REQUIRED for all committees registered with the G.A.B.)	

2. POLITICAL COMMITTEE INFORMATION

(For use Party Committees, Legislative Campaign Committees, PACs, Independent Expenditure Committees, Referendum Committees, Recall Committees)

Name of Committee	Committee PIN Number (four digits - REQUIRED for all committees registered with the G.A.B.)
Address - Number, Street, City, State and Zip Code	
Telephone Number	Committee Email Address
Sponsoring Organization - Name and Complete Address	
Type of Committee:	Political Party and Legislative Campaign Committees Only:
A. <input type="checkbox"/> Political Party Committee <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<input type="checkbox"/> This Committee has a Segregated Fund – Please provide name of fund, and name and address of financial institution:
B. <input type="checkbox"/> Legislative Campaign Committee – Attach Statement Required by s.11.0403(d), Stats.	
C. <input type="checkbox"/> Political Action Committee <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee	
D. <input type="checkbox"/> Independent Expenditure Committee <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee	
E. <input type="checkbox"/> Referendum Committee _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
F. <input type="checkbox"/> Recall Committee _____	<input type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall
Name of Referendum Name of Official Subject to Recall - Attach Statement Required by s.9.10(2)(d)	

3. COMMITTEE TREASURER (Campaign finance correspondence is mailed to this address.)

Treasurer's Name Frederick M. Hannah	Telephone Number (residence) (414)461-7028
Address (number and street) 8824 W. Lawrence Avenue	Telephone Number (employment) (414)704-2945
City, State and Zip Code Milwaukee, WI 53225	Treasurer Email Address fjjhannah@att.net

4. PRINCIPAL OFFICERS OF COMMITTEE AND OTHER CUSTODIANS OF BOOKS AND ACCOUNTS

Attach additional listing if necessary. FOR INDEPENDENT AND LOCAL NONPARTISAN CANDIDATES ONLY: Indicate which officers or committee members are authorized to fill a vacancy in nomination due to death of candidate by an asterisk(*). See Wis. Stats. §8.35.

NAME	MAILING ADDRESS	Email Address	Phone #	POSITION
Ashanti T. Hamilton	5545 N. 36th Street, Milwaukee, WI 53209	Ashantih2000@gmail.com	(414)881-4779	Member

5. DEPOSITORY INFORMATION

Name of Financial Institution BMO Harris Bank	
Address (number and street) 770 N. Water Street	City, State and Zip Code Milwaukee, WI 53202

CERTIFICATION

MAJOR PURPOSE (For PACs, Independent Expenditure Committees, and Referendum Committees ONLY)

We certify that we are an entity required to file under WIS. STAT. § 11 (See: statutory definitions, §11.0101 or instructions below for details).

TREASURER

I, Frederick M. Hannah (print full name) certify the information in this statement is true, correct and complete.

Signature F. Hannah, Treasurer.

Date 11/26/2018

CANDIDATE (or recall petitioner)

I, Ashanti T. Hamilton (print full name) certify the information in this statement is true, correct and complete.

Signature Ashanti T. Hamilton, Candidate/Petitioner. Date 11/26/2018

+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS §11.0104 Wis. Stats. +++

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Overview for your type of committee to determine if your committee qualifies for exemption.

This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$2,000 in a calendar year. I am aware that per statute §11.0104(2), exempt status is effective only for the calendar year it is granted, and must be renewed each year if the committee wishes to remain exempt from filing reports.

This registrant is no longer eligible to claim exemption.

Signature of Candidate or Treasurer

Date

THE INFORMATION ON THIS FORM IS REQUIRED BY §§9.10(2)(d), 11.0203, 11.0303, 11.0403, 11.0503, 11.0603, 11.0803, 11.0903, WIS. STATS. FAILURE TO PROVIDE REQUIRED INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF §§8.30(2), 11.1400, 11.1401, WIS. STATS.